



Summer Ministry Team Application Packet

Therefore, my dear brothers, stand firm. Let nothing move you. Always give yourselves fully to the work of the Lord, because you know that your labor in the Lord is not in vain.

1 Corinthians 15:58

**Aspendale Mountain Retreat Center
Summer Ministry Application**

Personal Information

Name _____

Home Mailing Address _____

City _____

State _____ Zip _____

Home Phone Number _____ Cell Number _____

Birth Date _____ Age _____ Social Security Number _____

(This is used in payroll)

Gender: Male _____ Female _____

Church Membership

Current Church _____

Pastor's Name _____ Phone Number _____

Church Activities/Ministries that you are involved with at church _____

Educational Background

High School _____ Graduate Yes _____ No _____

College _____ Course of Study _____

Other Educational/Technical Training _____

Do you hold any of the following certifications?

CPR _____ Expiration Date _____ Red Cross (circle) Yes No

First Aid _____ Expiration Date _____ Red Cross (circle) Yes No

EMT _____ Expiration Date _____

Challenge Course _____ Expiration Date _____

Personal References

You will need to copy the confidential reference form (2 pages found at the back of the application) and have each of your references fill out that form and fax or mail the form to us. **YOU** do not turn these confidential reference forms into us. To keep them confidential each of your references will need to mail or fax them to us.

Please list people that are well acquainted with you. Please do not list your best friends or relatives. These could be teachers, pastors, etc.

Name _____

Address, City, State and Zip _____

Phone Number _____ E-Mail _____

Name _____

Address, City, State and Zip _____

Phone Number _____ E-Mail _____

Name _____

Address, City, State and Zip _____

Phone Number _____ E-Mail _____

Please list the name of an additional adult reference (this person must be 21 years of age or older and a person who is well acquainted with you and your work ethic). Please no relatives.

Name _____

Relationship to you _____

Address, City, State and Zip _____

Phone Number _____ E-Mail _____

Employment Background

Please list starting with your most recent position

Employer _____ Phone Number _____ Supervisor _____

Job Title _____ Reason for leaving _____

Start Date _____ End Date _____ Duties _____

Personal Rating of your own performance (circle one) Excellent Good Fair Poor

Employer _____ Phone Number _____ Supervisor _____

Job Title _____ Reason for leaving _____

Start Date _____ End Date _____ Duties _____

Personal Rating of your own performance (circle one) Excellent Good Fair Poor

Employer _____ Phone Number _____ Supervisor _____

Job Title _____ Reason for leaving _____

Start Date _____ End Date _____ Duties _____

Personal Rating of your own performance (circle one) Excellent Good Fair Poor

Employer _____ Phone Number _____ Supervisor _____

Job Title _____ Reason for leaving _____

Start Date _____ End Date _____ Duties _____

Personal Rating of your own performance (circle one) Excellent Good Fair Poor

Personal Evaluation

Please circle the appropriate number where you see yourself in each of the following categories.

	Poor		Average		Good		Superior	
Teachable	1	2	3	4	5	6	7	8
Promptness	1	2	3	4	5	6	7	8
Follows Instructions	1	2	3	4	5	6	7	8

